

Open Letter Concerning Access to Dolutegravir in Eastern Europe and Central Asia

To: Ms Deborah Waterhouse, Chief Executive Officer

Copy: Ms Anjali Radcliff, International Government Affairs, Policy and Advocacy Director

Civil society organizations in Eastern Europe and Central Asia (EECA) urge ViiV Healthcare once again to take immediate steps to ensure everyone who needs dolutegravir (DTG) receives it in the countries of our region and beyond.

As we have pointed out numerous times in our previous letters and at various meetings, there are countries in EECA, region with fastest-growing HIV epidemic, which cannot afford using DTG in the first line to the fullest extent due to the drug's exorbitantly high cost. These countries include Azerbaijan, Belarus, Kazakhstan, and Russia. In your letter dated August 22, 2019, signed by the CEO Deborah Waterhouse, ViiV Healthcare indicated the intention to evolve the access policy for dolutegravir in upper-middle income countries by the end of 2019.

Based on the statement issued by ViiV on the 8th of July, 2020 (almost a year after the letter referred to in the previous paragraph)¹, which mentions "active negotiations" with the Medicines Patent Pool, we understand that no decision have been taken yet with regard to the access policy which would enable to fully implement the World Health Organization recommendation to introduce DTG as the preferred first-line option in the HIV treatment programmes. We think the solution for better access to DTG in EECA is long overdue, especially given the COVID-19 pandemic that started several months ago and the shrinking healthcare budgets across the region (and, indeed, across the globe).

We consider this as an extremely alarming sign, and we fear that with this approach many people living with HIV in our countries will be left without access to standard-of-care life-saving HIV therapy this year, although the discussions for improving access to DTG in upper-middle income countries of our region started almost two years ago. Further delays in the decision-taking process can cost lives, and our position is that no more delays can be afforded.

At the same time, we observe a growing commitment to provide WHO-recommended first-line HIV treatment by the governments of the above-mentioned countries. Russia has almost tripled its procurement of dolutegravir in 2019-2020 in comparison to 2018-2019; the government of Kazakhstan has also started to provide more people with DTG and was forced to consider the use of a compulsory license mechanism to ensure access to DTG in the country is improved further. Thus, governments are indicating a clear willingness to increase the number of PLWH receiving the standard-of-care HIV therapy.

With this letter, we would like to **reaffirm our request** to the company to include Azerbaijan, Belarus, Kazakhstan, and Russia (which is not mentioned in the release) in the geographical scope of the current licensing agreement with the Medicines Patent Pool (MPP) as soon as possible. We believe that access to quality-assured affordable generics of DTG supplied in a competitive environment at prices currently achieved within the framework of the licensing agreement is the optimal solution, considering the context of the epidemic in EECA. We know from research and experience that DTG can be produced and sold with a profit at prices below 5 USD per month, and this price level has already enabled some countries in our region, for instance, Georgia, Kyrgyzstan and Ukraine, to switch to DTG in the first line of HIV treatment. As we have mentioned above and in our previous letters, the situation remains urgent and requires immediate response from stakeholders to curb the epidemic in one of the most affected regions in the world, especially in the context of the COVID-19 healthcare crisis which exerts significant pressure on the healthcare systems.

Again, as we have pointed out before, in the absence of an appropriate solution to the issue of DTG access, we would welcome, encourage and support the ongoing efforts of the governments to utilize legal opportunities provided by the national regulatory framework in line with the TRIPS agreement to expand HIV treatment coverage.

¹ <https://viivhealthcare.com/en-gb/media/company-statements/evolving-our-approach-to-access/>

We would like to thank ViiV Healthcare for the contribution to combating the HIV epidemic the company has made so far. However, more efforts are needed now, and we would appreciate your prompt response to this very urgent request.

Signed by (in alphabetical order):

100% Life, All-Ukrainian Network of People Living with HIV, Ukraine

AGEP’C Public Foundation, Kazakhstan

“AIDS, Statistics, Health” Regional Public Organization, Russia

ALE Central Asian Association of People Living with HIV

Answer Public Foundation, Kazakhstan

Global Network of People Living with HIV, GNP+

International Treatment Preparedness Coalition (ITPC Global)

Kazakh Union of People Living with HIV, Kazakhstan

Patients in Control Movement, Russia

“People PLUS” Republican Non-Governmental Organization, Belarus

“Positive Movement” Belarusian Public Association, Belarus

STOPAIDS, UK

Treatment Preparedness Coalition in Eastern Europe and Central Asia (ITPCru)